

# Regal Care Trading Ltd

# Loose Court

## Inspection report

Rushmead Drive  
Maidstone  
Kent  
ME15 9UD

Tel: 01622747406

Date of inspection visit:  
26 November 2019

Date of publication:  
18 December 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Loose Court is a residential care home without nursing for 42 older people. It can also accommodate people who live with dementia and people who have physical and/or sensory adaptive needs.

At this inspection there were 37 people living in the service. Some people lived with dementia and had special communication needs.

### People's experience of using the service and what we found

People and their relatives were positive about the service. A person said, "The staff are friendly and the place is fine for me." Another person who had special communication needs smiled and waved to a passing member of care staff when we used signed-assisted language to ask them about their home. A relative in a thank-you card said, "The biggest thank-you to each and every one of you. We are grateful that mum's last years were spent in your loving care. Our heartfelt thanks."

The local safeguarding of adults authority was investigating three historic occasions when people had fallen and injured themselves. We did not look into these events. After the inspection visit the registered manager told us the authority had concluded their investigation and did not propose to take any further action. At this inspection lessons had been learned when things had gone wrong and people were being helped to avoid preventable accidents.

People received safe care and treatment in line with national guidance. There were enough care staff who had the knowledge and skills they needed and safe recruitment practices were in place. Medicines were safely managed, good standards of hygiene were promoted and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The accommodation was designed, adapted and maintained to meet people's needs and expectations. Repairs were being completed to a small number of defects.

People received compassionate and dignified care. People's right to privacy was respected and confidential information was managed in the right way. People and their relatives were supported to express their views about things important to them.

People were consulted about their care, were given information in an accessible way and were supported to pursue their hobbies and interests. There was a procedure to resolve complaints and people were treated with compassion at the end of their lives.

People had been consulted about the development of the service, their suggestions had been implemented and quality checks had been completed. Good team work was promoted, regulatory requirements had been met and joint working was in place.

For more details, please read the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last comprehensive inspection published on 12 May 2017 rated the service as Good. However, there was a breach of regulations because of shortfalls in the management of medicines. A focused inspection was completed on 11 August 2017 at which the breach of regulations had been met (published 28 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Loose Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Loose Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the registered provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people living in the service using sign-assisted language when necessary.

We spoke with three care staff, a senior member of care staff, the chef, the laundry manager and the activities coordinator. We also spoke with the deputy manager, registered manager and area manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for five people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the focused inspection on 11 August 2017 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the focused inspection on 11 August 2017 sufficient improvements had been made in the management of medicines to address the breach of regulations. However, there was still a shortfall in the way records were kept and this had increased the risk people would not always be supported to use medicines safely.
- At this inspection the shortfall had been addressed. An accurate record was created on each occasion a medicine was administered. These records showed each person had consistently been given medicines in the right way and at the right time.
- There were written guidelines about the medicines prescribed for each person. Senior care staff who administered medicines had received training and had been assessed by the registered manager to be competent to handle medicines. We saw medicines being safely administered in line with national guidance. A senior member of care staff offered the correct medicines to a person and discreetly waited for them to be taken before moving on to assist the next person. A person said, "I like the staff to hold my tablets so I don't get them mixed up with them."
- There were additional guidelines for senior care staff to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.
- Medicines were reliably ordered so there were enough in stock and they were stored securely in clean and temperature-controlled conditions.
- The registered manager regularly audited the management of medicines to check they were handled in the right way.

### Systems and processes to support staff to keep people safe from harm and abuse; Learning lessons when things go wrong

- The local safeguarding of adults authority had investigated historic occasions when within a short period of time three people had fallen and injured themselves. Since the incidents the registered manager had strengthened the systems and processes used to prevent avoidable accidents. The registered manager had analysed the circumstances of each accident and near miss so causes could be identified and put right.
- Referrals had quickly been made to healthcare professionals when care staff needed advice about how to reduce the risk of a person falling. Also, there was a new arrangement involving a doctor visiting each week to manage people's healthcare needs including those relating to a person's mobility.
- When things had gone wrong suitable action had quickly been taken. An example was a person who had become less mobile and more at risk of falling. As a result they were being assisted by two care staff when walking rather than by one. This was so the person could be supported on both sides and helped to stay safe.

- Care staff had received training and knew what to do if they were concerned a person was at risk. A relative said, "I come to the service quite a lot and I've always found the staff to be gentle and caring."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

#### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed to keep people safe. People were helped to keep their skin healthy. When necessary people were provided with special soft mattresses reducing the risk of sore skin. Also, care staff used low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
- People were helped to promote their continence. They were assisted to visit the bathroom whenever they wished and were helped to use continence promotion aids in the right way. Care staff regularly checked to ensure people had not developed a urinary infection. A person said, "The staff help me with heaps of things every day and to be honest I'd be lost without them."

- Risks to health and safety had been reduced. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely.
- The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

#### Staffing and recruitment

- The registered manager had worked out how many care staff were needed given the assistance provided for each person. Records showed shifts were being reliably filled. At this inspection there were enough care staff to promptly give people the assistance they needed. This included getting up and going to bed, washing and dressing and safely moving about their home.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done so checks could be completed to establish their previous good conduct.
- Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure only suitable people were employed to work in the service.

#### Preventing and controlling infection

- There were good standards of hygiene. Care staff were correctly following guidance about how to prevent and control infection. A person said, "It's neat and clean here. The staff always seem to be cleaning and never stop with it."
- Care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
- The laundry was well equipped, clean and organised.
- Fixtures, fittings, carpets and furnishings were clean as were mattresses, bed linen, towels, face clothes. In the dining room tablecloths, cutlery and crockery were also clean.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met each person before they moved into the service to introduce them to Loose Court and to answer their questions. They also established the care a person needed to ensure the service could meet their needs. An example was arranging for a person to have a special bed available in the service to help them rest in comfort.
- The assessment considered how to meet a person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of care staff who provided their close personal care.

Staff support: induction, training, skills and experience

- New care staff received introductory training before they provided people with care. Care staff had also received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Care staff regularly met with a senior colleague to review their work and to plan for their professional development.
- Care staff knew how to support each person in ways right for them. An example was a member of care staff responding appropriately when a person became anxious and placed themselves and others around them at risk of harm. The member of care staff recognised the person had mistaken an office for being a shop. The member of staff gently explained there were no items for sale in the office after which the person was pleased to be supported to return to the main lounge.
- People were supported to maintain good oral hygiene. When necessary people were helped to clean their teeth or their dentures. They had also been supported to attend dental appointments. A relative said, "The staff here are very attentive and they go out of their way to help the residents."

Supporting people to eat and drink enough with choice in a balanced diet

- People were helped to eat and drink enough. There was a range of meals that gave people the opportunity to have a varied and balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is very tasty and the cook always asks us about what meals we want on the menu."
- People were free to dine in the privacy of their bedrooms. People who needed help to eat and drink safely were offered individual assistance by care staff.
- Care staff monitored people's body-weight so significant changes could be referred to healthcare professionals for advice. When a person was at risk of not eating and drinking enough care staff checked to ensure adequate nutrition and hydration was being taken.
- Speech and language therapists had been contacted when people were at risk of choking. Care staff were following the advice they had been given including blending food and thickening drinks to make them

easier and safer to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive coordinated care when they used or moved between different services. Arrangements were made for people to be accompanied to healthcare appointments if they wished.
- Care staff passed on important information when a person was admitted to hospital or if they moved to a different care setting. This included information about the care the person needed, the medicines they used and any allergies they experienced.
- Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see a range of healthcare professionals including dentists, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Whenever possible people had been supported to make everyday decisions for themselves. Examples of this were people making decisions about how and when they wanted to get up and go to bed. A person said, "I choose what time I go to bed and it depends if there's something I want to watch on television. Some nights I sit in the lounge until quite late and have a chat with staff."
- When a person lacked mental capacity decisions had been made in their best interests. The registered manager had consulted with relatives and healthcare professionals about decisions such as a person having rails fitted to the side of their bed to reduce the risk of them rolling out and injuring themselves.
- Authorisations had been obtained when a person lacked mental capacity and needed to be deprived of their liberty to receive the care and treatment they needed. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

Adapting service, design, decoration to meet people's needs

- The accommodation was designed and adapted to meet people's needs. There was a passenger lift giving step-free access. There were bannister rails in hallways, secure frames around toilets and an accessible call bell system.
- Each person had their own bedroom they had been encouraged to personalise to make them into their own private space.
- There was enough communal space and there were signs to help people find their way around.
- Most of the accommodation was well presented and homely in nature. There was a development plan to address some minor defects. These included damaged flooring in a bathroom and some broken window locks. The area manager assured us the defects would be quickly put right.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care they received. A person held hands with a member of care and danced with them when we asked them about their care. Another person said, "I'm treated right here and I feel safe because the staff are genuinely kind."
- A relative said, "The staff are very kind and helpful and I really can't speak too highly of them. They make the place what it is – homely and welcoming."
- Care staff provided care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People had been supported to meet their spiritual needs by attending a religious ceremony held in the service each month.

Promoting people's privacy, dignity and independence

- People's dignity was promoted. They were assisted to wear neat and clean clothes of their choice. They had also been supported to wash, comb and style their hair if they wished. People were encouraged to be as independent as possible. A person said, "I have my own little ways and the staff know that and leave me to potter about as I like."
- People received compassionate care. This included having personal keepsakes with them providing comfort. A relative said, "My family member was very upset while in hospital but as soon as they walked in the door here a member of care staff gave them a big hug and you could see my family member relax and become calm. It was lovely to see."
- People's right to privacy was respected and promoted. Care staff did not intrude into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible. Shared bathrooms, toilets and bedrooms had working locks on the doors.
- Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Most care records were electronic and access to these was password-protected so only authorised staff could see them. Paper records were stored securely when not in use.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a person choosing when they wanted to be assisted to go to the dining room to be seated for their lunch.
- People had family, friends, solicitors or care managers (social workers) who could support them to express

their preferences. The registered manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. When a person lacked mental capacity the registered manager had consulted with relatives and healthcare professionals about how best to provide care. Care plans were being regularly reviewed in consultation with each person and their representatives so they accurately reflected changing needs and wishes.
- A person said, "I'm not much interested in paperwork at my age but the staff always check out with me what help I want. I don't want the same every day and they understand that."
- People received personalised care. Some people preferred to have a bath while others chose to have a shower. People were supported to change their clothes as they wished. An example was a person who wanted to change their top after it had become marked at lunchtime. A member of care staff discreetly accompanied the person to their bedroom and when they returned to the lounge the person was smiling and wearing a clean blouse.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented to them in an accessible manner. Parts of care plans were written in a user-friendly way using an easy-read style with pictures and graphics. Care staff carried mobile devices with them and were able to show people written and pictorial information about the care they could receive.
- There was a written menu with pictures of the main meals. Care staff chatted with people at meal times helping them decide which dish they wanted to have.
- Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details.
- The complaints procedure was written in an accessible way using larger print to make it easier to read and pictures. It explained how complaints could be raised and how they would be investigated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were helped to keep in touch with their relatives. With each person's agreement the registered

manager and senior care staff contacted relatives to let them know how their family member was doing. A relative said, "This is very important to me. I like to know how my family member is doing." Another relative said, "It's very reassuring that every time I contact the service staff know exactly how my family member is in themselves. They don't have to go to ask a colleague to find out." There was an internet connection so people could use emails and social media to keep in touch with their relatives.

- People were supported to pursue their hobbies and interests. There was an activities coordinator who invited people to enjoy small group events including armchair exercises, parlour games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care. The activities coordinator regularly visited people who needed or chose to spend most of their time in their bedroom.
- There were outside entertainers who called to the service and school children also visited. There were trips out to local places of interest. During 2019 people had been to the seaside, a farm and on a canal boat. A person said, "There's always something going on even if I just want to watch and not join in."

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure informing people about their right to make a complaint. A person said, "I've not really had anything to complain about but if there was it would get sorted out for me."
- There was a procedure for the registered manager and area manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The area manager said no complaint would be considered as closed until the complainant was satisfied with the outcome.
- Records showed that since our focused inspection on 11 August 2017 the service had not received any complaints.

#### End of life care and support

- People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
- The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life. There were arrangements for the service to hold 'anticipatory medicines' so they could quickly be given in line with a doctor's instructions to provide a person with pain relief.
- At this inspection no one was receiving end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- People and their relatives considered the service to be well run. A person said, "It seems to run well enough on most days and that staff seem to like each other and get on well." A relative said, "When you come in the place is calm, always calm and that's reassuring."
- Quality checks had been completed so people reliably received safe care and treatment meeting their needs and expectations. These checks included the delivery of care, management of medicines, learning lessons when things went wrong and health and safety. There was also a weekly 'critical meeting' attended by senior staff to review key parts of the running of the service including care delivery.
- The area manager and the regional director regularly called to the service to complete additional audits of how the service was running.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been invited to comment on their experience of living in the service. There were residents' meetings and relatives' forums at which people had been invited to suggest improvements to the service. People who lived in the service had also been invited to give feedback on an individual basis. Suggested improvements had been implemented including changes to the menu.
- Relatives had been invited to complete quality assurance questionnaires to give feedback about their experience of using the service. They were consistently positive in the comments they made.
- The service subscribed to an internet website through which anyone can anonymously post a review about Loose Court.
- Members of staff had been asked to comment about working in the service. They said there was good morale in the service because they were well supported, included and treated as valuable team members. Healthcare professionals had been invited to complete a questionnaire about their experience of working with the service. In one of the questionnaires a healthcare professional said, "I was welcomed and had questions answered about care delivery. I was assisted with the room visit. No concerns noted and staff very helpful with all requests."

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care staff understood their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right

assistance. This included updated information from the Department of Health about the correct use of use of equipment including hoists and medical devices.

- There was a senior member of staff on call out of office hours to give advice and assistance to care staff.
- Care staff and ancillary staff had been invited to attend regular staff meetings. These meetings were used to promote team work and to discuss developments in the running of the service.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "We looked around a number of services before mother moved in here. We chose Loose Court because it's homely and welcoming and the residents come first. It felt and feels like being a big family."
- The registered manager understood the duty of candour. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to some professional publications relating to best practice initiatives in providing people with care.
- The registered manager attended a meeting with the managers of other services run by the registered provider. This was done to share and learn from examples of best practice in the provision of residential care for older people.